



## Research or Related Information Concept Submission Form

CAUTION: This is not a secure or protected message system. Please do not provide sensitive personal information such as your social security number or medical condition.

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**Title of Research \***

**This research was funded in whole or in part by \***

**Referred by \***

**By whom? \***

### Contact Information

**Organization Name \***

**Lead Individual's Name \***

**Organization/Company Street Address \***

**Organization/Company Email \***

**Organization/company Phone Number \***

**Website**

*If applicable.*

**Concept Topic Areas \***

Aftercare  
Domestic Violence  
Guidelines  
Prevention  
Rehabilitation  
Resilience  
Suicide Prevention  
Depression  
Education  
Mental Illness  
PTSD  
Reintegration  
Screening  
TBI  
Diagnosis  
Employment/Vocational  
Mitigation  
Quality of Life  
Relationship Issues  
Substance Abuse  
Training

**Other Topic Area****Populations that would benefit from this information/Concept**

Active Duty  
Children  
Leaders  
Nurses  
Researchers  
Units  
Case Managers  
Communities  
Medics/Corpsmen  
Other Health Providers  
School Personnel  
Veterans  
Chaplains  
Families  
Mental Health Providers  
Primary Care Providers  
Spouses

**Other Population****What is the purpose of this submission?**

*What do you hope to gain as a result of this concept submission? e.g. "Request dissemination of information about this device/tool throughout DoD" or "Request DHA be aware of our device that sows improved outcomes for PTSD/TBI".*

## **Focus of Study**

*e.g. What was studied? What were the results? What are the implications for populations of interest to DHA?*

## **Demographics**

*e.g. "This device assists active duty Service Members post-deployment" or "This device/tool is for inpatient treatment of adolescent military family members ages 12-18 with mood disorders"*

## **Dissemination**

*e.g. Has the research been presented? Where/When/Outcomes*

## **Approvals for Third Party Reimbursement**

*e.g. Insurers who have approved*

## **Future activities/plans**

*e.g. "We are presenting this research to \_\_\_\_" or "We are refining/expanding our research to consider \_\_\_\_" or "We have applied for a grant with \_\_\_\_."*

**Additional information DHA should know**

**Evidence to Support Device**

Please list supporting empirical evidence for use of the device. If anecdotal evidence please list as such.

**Randomized Controlled Studies**

*Citation or short paragraph for each or Not Available*

**Case Studies/Case Reports/Anecdotal Evidence**

*Citation or short paragraph or N/A*